

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>0 3 - 0 0 3</u>	2. STATE: Vermont
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 2/7/03	

5. TYPE OF PLAN MATERIAL (Check One):

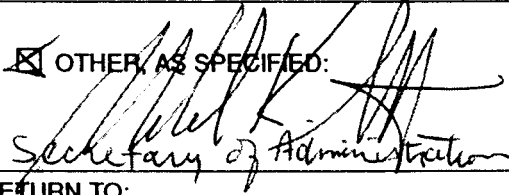
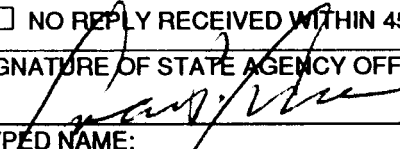
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902(a), 1902(1) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2004 \$ 0 b. FFY \$
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Suppl. 1 to Att. 2.6A pg 1 (03-03) Suppl. 1 to Att. 2.6A pg 3 (03-03) Suppl. 1 to Att. 2.6A pg 4 (03-03)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Suppl. 1 to Att. 2.6A pg 1 (02-05) Suppl. 1 to Att. 2.6A pg 3 (02-05) Suppl. 1 to Att. 2.6A pg 4 (02-05)

10. SUBJECT OF AMENDMENT:

Update of Medicaid Standards Based on Federal Poverty Levels Effective 2/7/03

11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:  Secretary of Administration
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Roxanne Doty VT Dept. of PATH 103 South Main Street Waterbury, VT 05671-1201
13. TYPED NAME: XXXXXXXXXXXX Charles P. Smith	
14. TITLE: Secretary, Agency of Human Services	
15. DATE SUBMITTED: 3/26/03	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: March 27, 2003	18. DATE APPROVED: May 19, 2003
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: February 7, 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard R. McGreal	22. TITLE: Acting Associate Regional Administrator, DNCH

23. REMARKS:

Per agreement, the State submitted the following additional plan pages:

Suppl. 1 to Att. 2.6-A, pg. 2

Suppl. 1 to Att. 2.6-A, pg. 2a

Suppl. 1 to Att. 2.6-A, pg. 3a

Vermont (03-003)
Approved: 05/19/03
Effective: 02/07/03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

Note: CC - Chittenden County and OCC - Outside Chittenden County

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>		<u>Payment Standard</u> (ratable reduction)	<u>Maximum Payment</u> <u>Amounts</u>	
	CC	OCC		CC	OCC
1	803	730	54.3%	436	396
2	988	915	54.3%	536	496
3	1173	1100	54.3%	636	597
4	1318	1245	54.3%	715	676
5	1477	1404	54.3%	802	762

NOTE: Income methodology for families under section 1931 of the Social Security Act is consistent with Vermont's Aid to Needy Families with Children (ANFC) state plan in effect on July 16, 1996, as modified by the state's Welfare Restructuring Project waiver, with one addition. Vermont allows an income deduction equivalent to the difference between current ANFC (previously known as Aid to Families with Dependent Children, nationally) payment levels and the July 16, 1996, ANFC payment levels.

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act: effective 4/1/00

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

☐ 133 percent ☒ 185 percent (no more than 185 percent)
(specify)

<u>Family Size</u>	<u>Income Level</u>
1	\$ <u>1385</u>
2	\$ <u>1869</u>
3	\$ <u>2353</u>
4	\$ <u>2837</u>
5	\$ <u>3321</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. Children under Section 1902(a)(10)(A)(i)(VI) of the Act who have attained age 1 but not attained age 6:

Effective April 1, 1990, based on 133 percent of the official Federal income poverty level.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>996</u>
<u>2</u>	\$ <u>1,344</u>
<u>3</u>	\$ <u>1,692</u>
<u>4</u>	\$ <u>2,040</u>
<u>5</u>	\$ <u>2,388</u>
<u>6</u>	\$ <u>2,736</u>
<u>7</u>	\$ <u>3,084</u>
<u>8</u>	\$ <u>3,432</u>
<u>9</u>	\$ <u>3,780</u>
<u>10</u>	\$ <u>4,128</u>
Each Added Member	\$ <u>349</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME ELIGIBILITY LEVELS (Continued)

**A. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES
RELATED TO FEDERAL POVERTY LEVEL**

4. Children Between Ages 6 and 19

The levels for determining income eligibility for children born after September 30, 1983, (or, at the option of a State, after any earlier date), who have attained 6 years of age but have not attained 19 years of age under the provisions of §1902(a)(10)(A)(i)(VII) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line:

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>749</u>
<u>2</u>	\$ <u>1,010</u>
<u>3</u>	\$ <u>1,272</u>
<u>4</u>	\$ <u>1,534</u>
<u>5</u>	\$ <u>1,795</u>
<u>6</u>	\$ <u>2,057</u>
<u>7</u>	\$ <u>2,319</u>
<u>8</u>	\$ <u>2,580</u>
<u>9</u>	\$ <u>2,842</u>
<u>10</u>	\$ <u>3,104</u>
Each Added Member	\$ <u>262</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
1	\$ <u>1385</u>
2	\$ <u>1869</u>
3	\$ <u>2353</u>
4	\$ <u>2837</u>
5	\$ <u>3321</u>

NOTE: Please note we are mandated to be at 185 percent under 1902(a)(10)(A)(i)(IV) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME ELIGIBILITY LEVELS (Continued)

**B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES
RELATED TO FEDERAL POVERTY LEVEL**

2. Children under Section 1902(a)(10)(A)(ii)(IX) and Section 1902(l)(1)(C) of
the Act who have attained age 1 but have not attained age 6:

Effective 7/1/90, based on 133 percent of the official Federal income poverty
level:

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>996</u>
<u>2</u>	\$ <u>1,344</u>
<u>3</u>	\$ <u>1,692</u>
<u>4</u>	\$ <u>2,040</u>
<u>5</u>	\$ <u>2,388</u>
<u>6</u>	\$ <u>2,736</u>
<u>7</u>	\$ <u>3,084</u>
<u>8</u>	\$ <u>3,432</u>
<u>9</u>	\$ <u>3,780</u>
<u>10</u>	\$ <u>4,128</u>
Each Added Member	\$ <u>349</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Born After September 30, 1983

The levels for determining income eligibility for groups of children who are born after September 30, 1983, and who have attained 6 years of age but have not attained age 19 under the provisions of section 1902(1)(2) of the Act as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line

<u>Family Size</u>	<u>Income Level</u>
1	\$ <u>749</u>
2	\$ <u>1010</u>
3	\$ <u>1272</u>
4	\$ <u>1534</u>
5	\$ <u>1794</u>
6	\$ <u>2057</u>
7	\$ <u>2319</u>
8	\$ <u>2580</u>
9	\$ <u>2842</u>
10	\$ <u>3104</u>

TN No. 03-03
Supersedes
TN No. 02-05

Approval Date 05/19/03

Effective Date 2/7/03